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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE WEST AND CENTRAL AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the West and Central Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $12,470,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Cape Verde	1 508 000	1990-1994
Central African Republic	1 463 000	1989-1993
Guinea-Bissau	1 215 000	1989-1993
Mali	6 478 000	1989-1993
Mauritania	1 806 000	1989-1993

Annual funding requirements of the five countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

INTRODUCTION

1. The Executive Director has authorized increases in the annual planning levels of a number of countries in the West and Central Africa region in 1991, taking into account availability of general resources and the income projections in the medium-term plan. This increase raises the annual planning levels for general resources from $750,000 to $1 million for countries with a child population of more than 1 million and/or a full-fledged UNICEF country office, and raises the minimum general resources planning level for other countries to $750,000.

2. As a result, the balances of approved general resources are not sufficient to fund the five country programmes in the West and Central Africa region up to the end of the approved country programme period. The Executive Director recommends that the Executive Board approve additional amounts from general resources covering the programme periods as originally approved by the Board.

I. CAPE VERDE

3. The country programme for Cape Verde was approved by the Executive Board in 1990 for the period 1990-1994 with an allocation of $1.5 million from general resources (E/ICEF/1990/P/L.8). As part of the overall effort to strengthen implementation of programmes benefiting women and children, the annual planning level was increased from $300,000 to $500,000 in 1991, and again to $750,000 for 1992. An additional $1,508,000 is requested for the remaining three years of the current programme cycle to allow Cape Verde to accelerate and expand activities within the framework of the country programme in order to meet the challenges provided by the World Summit for Children.

4. Cape Verde recently changed its one-party political system to a multi-party democracy. The new Government, established by the former opposition party after it had won the election in 1991, has embarked on programmes that directly address the needs of children and women, especially in the areas of primary health care (PHC), water supply and environmental sanitation and basic education. A major priority for the new Government will be to increase substantially district- and community-level responsibilities in the implementation of government programmes. Coordination is to be provided by elected district administrators. The decentralized and community participation approach in planning and implementation of programmes provides an opportunity to accelerate and expand activities in PHC and water supply and sanitation programmes since such an approach is considered crucial in obtaining better and more sustained results, thus helping the country achieve its national goals.

Primary health care

5. The present country programme emphasizes cooperation in PHC, especially the expanded programme on immunization (EPI), control of diarrhoeal diseases (CDD), nutrition, acute respiratory infections (ARI), mother and child care,

and essential drugs and cost-recovery. The health programme aims by 1994 to reduce: (a) the infant mortality rate (IMR) from 66 to 50 per 1,000 live births; (b) the maternal mortality rate (MMR) from 60 to 40 per 100,000 live births; (c) severe malnutrition from 3 to 1 per cent; and (d) mild and moderate malnutrition from 20 to 10 per cent.

6. Since the new Government has expressed its strong commitment to strengthening further PHC activities, UNICEF will reinforce its existing cooperation and additional funds will be used to provide technical assistance to the Government for formulating and implementing PHC policies and programmes. Emphasis will be on achieving related Summit goals, as well as on implementing the decentralization policy for all relevant PHC components. In addition, funds will be used to help strengthen district-level capacity in planning and implementing PHC, in particular in relation to EPI and CDD activities.

7. Although Cape Verde reached universal child immunization (UCI) in 1986, the results are not yet considered sustainable. Diarrhoeal diseases remain one of the main causes of infant and child deaths. Therefore, further strengthening of the EPI and CDD programmes will be given high priority. It is expected that the planned decentralization process can contribute substantially to this since it allows the elaboration of district-specific plans of action which can take into account local constraints while defining targets, strategies and activities for specific areas. UNICEF will assist district administration and PHC staff in the elaboration of annual plans of action for the entire PHC programme. Further, funds will be used to provide additional assistance at the district level in implementing planned PHC activities, while giving priority to: (a) supply and distribution of vaccines, oral rehydration salts (ORS) and essential drugs; (b) cold-chain equipment and management; (c) extension and strengthening of vaccination services; and (d) imparting of planning and data analysis skills to district-level and PHC staff. The above interventions are expected to benefit 58,600 children under five years of age, representing 16.4 per cent of the total population.

Water supply and sanitation: Santiago Island

8. More than 60 per cent of all infant deaths occur on Santiago Island. This programme is expected to contribute to the reduction of infant mortality on the island from 85 to 60 per 1,000 live births by 1994. Since diarrhoeal diseases are one of the principal causes, the programme is focusing on preventive activities emphasizing increased access to potable water and basic sanitation services and facilities, as well as improved sanitary conditions in urban areas. The programme is being implemented in two districts, Tarrafal and Santa Catarina. It is now recognized that health, hygiene and sanitation conditions in the district of Santa Cruz and the rural areas of Praia are among the worst in the country. Therefore, additional funds to expand project activities to these two districts will be utilized. Expanded project activities will include: (a) the construction of water supply systems, cistern tanks and latrines; (b) the maintenance of systems and facilities constructed under the project; (c) the supply of containers for garbage collection; and (d) activities for water quality improvement, for example,

training of project personnel and intensified involvement of front-line health workers in CDD activities.

9. UNICEF support will also be strengthened to improve the database for monitoring health, hygiene and sanitation on the island. In addition, it will allow the establishment of better-defined criteria for the selection of communities and families to be covered by the project.

10. Finally, it is expected that, in preparation for the 1995-1998 programme, a subnational situation analysis update can be undertaken on an island-by-island basis so as to consolidate island-specific programmes of action.

II. CENTRAL AFRICAN REPUBLIC

11. The country programme for the Central African Republic was approved by the Executive Board in 1990 for the period 1989-1993, with an allocation of $3 million from general resources (E/ICEF/1988/P/L.8). The annual planning level was increased to $750,000 in 1991 and to $1 million as of January 1992. An additional $1,463,000 is requested for the remaining two years of the current programme cycle to allow the Central African Republic to accelerate and expand activities within the framework of the country programme.

12. Since the formulation of the present country programme, which was based on the 1988 situation analysis, the economic situation in the Central African Republic has continued to deteriorate rapidly, with negative consequences for national capacity and budgets and the overall quality of life of the population, especially children and women. Total external aid to the country in 1990 reached 17.1 per cent of 1989 gross national product (GNP). Since the beginning of the year, the opposition launched a series of strikes and political demonstrations which, in most cases, ended in riots. State capacity to meet its own social obligations has also been largely curtailed.

The Bamako Initiative

13. Although the incidence of the six EPI diseases has diminished considerably with the extraordinary results of EPI in 1991, diarrhoeal diseases, malaria epidemics and severe malnutrition remain major problem areas. Low birth weight, linked to the frequency of anaemia among pregnant women, is a severe problem. Prenatal care remains rather limited and maternal mortality continues to be high. The latter, like infant mortality, is linked to poverty, with the absolute poverty threshold increasingly touching more urban and peri-urban families. Implementation of the structural adjustment programme led to the loss of 15,000 jobs, and government resources allocated to the social sectors decreased considerably. The overall situation is further aggravated a by very high prevalence of acquired immune deficiency syndrome (AIDS); the Central African Republic is among the African countries most severely affected.

14. The present phase of the programme is very important for the implementation of a national PHC programme using the Bamako Initiative approach. Considerable efforts were made in 1991 to identify three districts where the programme is to be developed; an inventory of all infrastructure and a study on public health problems have been undertaken in these districts.

15. UNICEF, in cooperation with the United Nations Development Programme (UNDP), will support the programme in restoring 60 health units covering 490,000 people, or about 20 per cent of the country's total population, equipping and supplying them with drugs, organizing refresher courses for the health staff, setting up a cost-recovery system and reinforcing health structures at the peripheral level. A national drugs fund will be created which will encompass all generic drug purchases and ensure the transport of drugs to health units.

16. During the second half of the 1980s, the Central African Republic made great efforts to extend immunization coverage and to control the six target diseases. Several strategies were used, including an energetic social mobilization campaign. These actions were accelerated during 1990-1991 and the immunization coverage increased from 55 per cent for the main antigens (three doses of combined diphtheria/pertussis/tetanus (DPT3) and measles) to 85 per cent for one dose of anti-tuberculosis vaccine (BCG), 77 per cent for DPT3, 80 per cent for measles and 75 per cent for two doses of tetanus toxoid.

17. The reluctance of parents to immunize their children has been overcome by a process involving a social mobilization and information/communication campaign. Increasing and maintaining coverage above 75 per cent will depend on the integration of EPI in the PHC system, with continued support of external resources.

18. The Central African Republic is facing an AIDS crisis, with a seroprevalence rate of 8 per cent of the entire population. The situation is particularly alarming given the extent of the spread of the human immune deficiency virus in the rural population. The national control programme is fundamentally limited by the lack of technical skill and financial resources. An AIDS information campaign was started by the Government in secondary schools and at the university level. Most activities during 1992-1993 will be decentralized to regional and, subsequently, to district levels. UNICEF will support and reinforce the introduction of AIDS-related health education in primary and secondary schools through the training of schoolteachers. Training and information materials produced in other countries will be adapted for use in the Central African Republic. These will include education and communication messages targeted to specific groups, case management and counselling.

19. The rate of iodine deficiency disorders (IDD) is extremely high, over 62.5 per cent among children 8 to 18 years of age, making the Central African Republic one of the more affected regions of the world. A national IDD control programme will be started in 1992 by the Government. UNICEF will support the administration of iodine to the susceptible population, to be given by teachers, community health workers and occasionally even by parents. Iodization of water should also be considered.

Water supply and sanitation

20. Efforts in this sector, part of overall PHC, are a partial answer to the high incidence of infant and maternal morbidity and mortality. In this respect, the Government initiated a national water supply programme covering 20 per cent of the population. With UNICEF support, 350 wells have been drilled, most in two districts, Ouham and Nana Gribizi, supplying 125,000 persons who represent 5 per cent of the total population. Furthermore, 879 latrines have been built, and around most water points, food production activities have been set up. Drilling activities will continue in 1992 in PHC locations to reinforce the implementation of the PHC programme.

Women

21. The lack of a well-defined policy for women in the Central African Republic constitutes a major obstacle to action. Studies need to be undertaken to identify the priority needs of girls and women for more effective programming. Research will be conducted to highlight the special needs of girls, school drop-outs, pregnant adolescents, women farmers and female heads of households. Research will also address the issues of women's access to credit and the impact of the economic crisis. In the next programme, a special effort will be made to integrate a "women in development" perspective into all the relevant activities of the programme of cooperation.

III. GUINEA-BISSAU

22. The country programme for Guinea-Bissau for the period 1989-1993 was approved by the Executive Board in 1989, with a general resources allocation of $1.5 million and with $5,134,000 in supplementary funds, subject to the availability of specific funding contributions (E/ICEF/1989/P/L.6). In 1990, the annual planning level rose from $300,000 to $500,000 and for the 1991-1993 period the annual planning level has been set at $750,000. Therefore, an additional $1,215,000 is being requested to replenish the approved general resources that have been depleted since 1990 due to the increased planning level.

23. This recommendation for additional general resources is also geared to enhance the country programme capacity to respond to an increasingly complex and demanding socio-economic situation resulting from the structural adjustment programme adopted in the country in 1987. There have been dramatic reductions in public expenditures that have made an already weak management and implementation capacity even more fragile. The negative social and economic effects are raising demands from the population for better social services and for a more equitable distribution of national resources.

24. In the last year real income of the majority of the population has decreased by at least 50 per cent and the situation of the more vulnerable groups is even worse. The GNP of about $190 per capita is considerably below the average level in least developed countries of $227 per capita. Social indicators are among the worst in Africa: the under-five mortality rate (U5MR) is 250 per 1,000 live births and MMR is 800 per 100,000 live births.

This situation underscores the need to confront these problems in an efficient and sustainable manner. It is therefore essential to increase both the human and material resources available to form and strengthen systems that expand and better manage the services provided. Increased assistance to the social sector is required to enable the Government to build systems that assume gradually more responsibility.

25. A mid-term review, carried out jointly with the Government in July 1991, analysed the current country programme and concluded that while the strategy implemented in addressing the problems of the health, water supply and social communication sectors was adequate, the 1989 situation analysis underestimated the difficulties that were to ensue as a result of the structural adjustment programme, especially concerning the Government's operational capacity. The structural adjustment programme influenced programme activities in two ways: severe reductions in public expenditure have made an already weak management and implementation capacity even weaker; and negative social and economic effects are raising demand among the population for better social services and for a more equitable distribution of national resources.

26. The mid-term review also discussed the World Summit for Children follow-up and preparation of the national programme of action for children. In light of the above, priorities for this current phase of the country programme have been established.

27. The country programme concentrated efforts to strengthen PHC in such activities as support to the management capacity of regional health directorates, especially in two regions, Gabu and Oio, where the Bamako Initiative is being introduced; and human resource development, by financing refresher courses for 225 paramedical personnel and by establishing two training modules in health planning for 50 senior public health personnel.

28. EPI has attained steady progress, and the fully vaccinated child population rose from 34 per cent in 1988 to 45 per cent in 1990. BCG coverage has increased to 94 per cent, which demonstrates a good level of contact between children and vaccination teams. Coverage of the first, second and third doses of DPT and poliomyelitis is 86, 74 and 53 per cent, respectively.

29. As the government allocation for drugs meets only 7 per cent of the country's need, for the past two years UNICEF has assisted the essential drugs programme in management, logistics and supply of all drugs needed to cover about 75 per cent of the population. Prior to 1988, the quantity of drugs needed at the level of each health facility was based on patterns of previous use. The project has now been able to introduce a standardized system for treatment and prescriptions, following World Health Organization methodology. The national programme administrator was trained in this system and has implemented the process successfully. The central drug depository in Bissau is functioning well, with good equipment, and a stock control system has been introduced. The principles of the Bamako Initiative have been introduced successfully in two regions (Gabu and Oio) and an expansion to other regions will be undertaken with supplementary funding from the Government of the Netherlands.

30. Assistance to the water sector has consisted mainly of support to two zone-based projects, one in the eastern province (Gabu) and the other in the northern province (Sao Domingos). The project at Gabu, which promotes rural sanitation and social mobilization, has suffered from a lack of supplementary funding for two consecutive years, limiting its range of activities to rural extension. The project has been a useful base for preparing a new plan for rural sanitation in Guinea-Bissau. In addition, the people trained and educated form an excellent nucleus for the development of a new project in Gabu which could serve as a model for a future national system of community leadership and the expansion of rural sanitation.

31. The project at Sao Domingos is in its fourth phase of operation. During the first two phases, which ended in 1984 and 1986 respectively, the project focused on the construction of 120 water wells in the west of the region, while during the third phase, the eastern area benefited. The project was extended in 1988, following an evaluation by the Danish International Development Agency, the principal donor. The objective of the third phase, to construct an additional 100 water wells, was accomplished by the end of 1989, benefiting 22,000 people. A further evaluation recommended that the project be extended for a fourth phase over the 1990-1993 period, envisaging construction of an additional 200 wells in the Bigene sector. The project intends to continue the training of well-diggers. It will upgrade a school to a national training centre that is equipped to train teams in the installation of wells and to provide courses in latrine construction and manual pumps. The project has produced 22 out of a projected 25 wells during the first half of 1991. Community leadership and involvement are carried out by the well-diggers themselves.

32. A wide programme of advocacy and mobilization activities for the World Summit for Children and the preparation of a national programme of action were undertaken under the aegis of the social communication project. Regional activities form the thrust of the national programme of action. The area of social communication and information has expanded in range and activities. It covers about one third of the population at large, in both rural and urban areas, through radio, television and written materials. A central social communication office has been established within the Ministry of Information. A magazine, O Comunitario, promoting the well-being of women and children, is published monthly, reaching 2,500 readers. Three relevant radio programmes are regularly broadcast by the national radio, in Crioulo, a local dialect, and a weekly television programme for children entitled "Children: Our Responsibility" is now being broadcast. Establishment of a regional office in Gabu, which can prepare weekly programmes to broadcast from the local station in the regional language, is under way. An art and exhibition gallery in Bissau provides assistance to cartoonists who participate in the various awareness programmes in the sectors of health and water supply. There is a well-established capacity to produce posters and a variety of publications.

33. Priorities for this current phase of the country programme have been established in light of the World Summit for Children and the challenges created by the national programme of action for children.

Health

34. UNICEF will continue to strengthen the PHC system through extensive courses for PHC staff, including instruction in social communication techniques and community participation. It will also guarantee supplies and logistics support for the essential drugs programme. The Bamako Initiative strategy will extend into two additional areas, along the lines of the Gabu experience. The planned improvement in logistical support to EPI will include replacing or totally overhauling the vehicle fleet and implementing an efficient maintenance system. The storage and distribution of vaccines should also be reorganized and centralized in Bissau. Other activities support the development of a clear and culturally sensitive strategy of family welfare and extend provision of materials and technical cooperation to regions in collaboration with PHC/maternal and child health (MCH) programmes. The national programme for malarial control will be supported. UNICEF will support the development and consolidation of systems of management, planning, logistics, data collection and analysis; results of this analysis will be used to correct and improve activities in outlying areas.

Nutrition and food security

35. Research will be carried out on coping mechanisms of poor urban and rural households. UNICEF will assist in strengthening a nutrition surveillance system in conjunction with PHC/MCH activities, at all levels of health service. Support will be given to the development of a national food and nutrition strategy as part of the preparation for an international nutrition conference.

Education

36. UNICEF will assist in the strengthening of the primary education programme, developing links between the present social communication project and the educational structures. It will also collaborate in the preparation and dissemination of didactic materials, placing special emphasis on education courses for rural women.

Water supply and sanitation

37. Support will be given to implement the new national plan for rural sanitation and to formulate an operational strategy which incorporates the experiences of the Gabu project. Support will also be provided for the transformation of the new well-diggers training centre in Sao Domingos into a broader rural extension centre that covers all aspects of rural development.

Social communication

38. Using the existing capacity for social communication materials and radio and television production, services will be available to other public and private bodies, including agencies and non-governmental organizations, which can benefit from UNICEF technical collaboration with the social communication office, thus optimizing the use of scarce resources in each sector. UNICEF will assist in improving the logistical capacity and outreach of the mobile

teams of the Ministry of Social Communication to allow them to work more effectively in rural areas and strengthen the distribution outlets. Additional financing will facilitate the formulation and initial mobilization of the national programme of action, which will have a strong regional profile, a trend initiated in 1990 during the pre-Summit stage of preparatory activities.

Women

39. Reduction of the very high IMR and MMR continues to be a major challenge in Guinea-Bissau, particularly the "interface" between pregnancy and the first month of a child's life. The poor nutritional status of women directly affects maternal and neonatal mortality and causes low birth weight. There is a need to address those problems simultaneously in order to solve them over the long term. As the principal workers in the agricultural sector, women play a critical role in both the national economy and in the family. But this double role represents a heavy burden on women's health and exacerbates the cycle of female undernutrition and low birth weight among children. Although the country programme previously addressed these problems from the standpoint of health services, there is a strong need to enhance rural household capacity to improve the status of women. The remaining phase of the country programme envisages, in this regard, support to rural women through a training project for those self-employed in food processing, storage and marketing. This project will improve women's control in crop processing and marketing as well as instil a greater sensitivity in national efforts to integrate women in rural development plans.

IV. MALI

40. The country programme for Mali was approved by the Executive Board in 1988 for the period 1989-1993, with available general resources of $13 million (E/ICEF/1988/P/L.10). Subsequently, taking into account declining GNP per capita and the continued high IMR, the annual programme budget planning level of $2.7 million from general resources was increased on several occasions. The proposed level for 1992 and 1993 is $4,125,000. The purpose of these increases is to enable the Government to consolidate its interventions in the field of the welfare of mothers and the survival, development and protection of children following the transition from programmes of an emergency nature to development programmes; and to expand these programmes country-wide in order to increase the number of those benefiting from assistance.

41. As a result of the increased rate of expenditure during this period, the general resources funds approved in 1988 for the Mali country programme will be exhausted more quickly than had been anticipated. At the same time the need to modify the current programme in order to take into account a rapidly changing situation in the country has become increasingly evident. Therefore, it is proposed that a new programme of cooperation for the period 1994-1998 be approved.

42. The basic elements of the existing country programme (health, water supply and sanitation, education and nutrition) are fundamental to the effort to improve the situation of children in the country. Programmes in these sectors are being reinforced, while modifications are being incorporated to take into account such initiatives as the ambitious new PHC project described below; of such newly emerging priorities as the role of women in development, urban services, malaria and AIDS; and of regional differences. The effectiveness of the basic country programme strategy was confirmed during the mid-term review meeting which was held in early 1991, at which time the results of various studies were incorporated into the components of the country programme.

Primary health care

43. In the face of increasing financial difficulties, the Government has adopted a health strategy based on decentralization and community participation, along the lines of the Bamako Initiative strategy. In the first phase, 21 centres will be revitalized and 120 new community health centres will be created. Health planning is being delegated to the district level and government inputs are contingent on a community's willingness to establish its own health centre. The experience of the Mopti region, with decentralized health planning and essential drugs, is being extended to all areas covered by the project. It will be extended to the three northern regions when the security situation permits. The strategy emphasizes improved quality of health services, integration of activities and availability of a limited number of essential drugs. The Government is preparing a reform of the pharmacies populaires, with a view to establishing a regular supply of, and a consistent pricing policy for, essential drugs.

44. In this effort, UNICEF is playing a major role in cooperation with the World Bank, the United States Agency for International Development and the European Development Fund. UNICEF PHC technical advisers have been placed in four regional capitals and in the district of Bamako. Their task is to assist in the planning process, in the definition of the basic health package to be delivered and in the training of lower-level health staff.

45. In addition, special attention will continue to be given to the three northern regions, where living and working conditions are most difficult. An essential drugs programme is already in place and the Government is pursuing improved delivery of health services in line with the Bamako Initiative strategy.

46. Although the UCI goal of 80 per cent was not completely achieved, immunization increased in 1990 by more than 50 per cent over the previous year to reach a level of 43 per cent coverage for DPT3. Special efforts are being made to increase coverage in urban centres where risks of infection are highest. In line with the policy of decentralization, all EPI activities are now planned and executed at the regional level. This has already resulted in a substantial reduction in operating costs and will enhance the sustainability of the programme. Furthermore, local development committees are directly financing the costs of health staff in order to increase immunization coverage. The logistical infrastructure put into place for EPI will benefit

all other health activities. UNICEF will continue to support immunization services in the context of integrated health services delivery so as to achieve further cost reductions.

47. The Mother and Child Health Department has proceeded with a reorganization of the overall health system that will enhance the quality of health services. Training materials have been developed and the full implementation of the reorganization is under way. Local production of ORS meets required quality standards, and efforts are being made to improve regular distribution to all areas of the country.

Water supply and sanitation

48. Approximately 37 per cent of the population in rural areas has access to safe drinking water. Adequate sanitation in these areas is available to only 3 per cent of the population. UNICEF is supporting communities in the regions of Gao, Tombouctou, Mopti, Ségou and Koulikoro, located in the Sahelian zone, where access to safe drinking water is most difficult, to improve their water supply and sanitation facilities. The objective is to install 350 boreholes by the end of 1992. Each village has a water management committee, which is responsible for all aspects of water supply and sanitation at the village level, including the payment of the costs of maintenance and repair through a system of cost-recovery. The project has, since 1989, installed 277 new boreholes and equipped them with hand-pumps. A network of private pump mechanics has been set up, which has effectively taken over the task of maintenance and repair from the Government.

49. The hygiene and sanitation component has been slow to take off due to a lack of a clearly defined government policy in this field. In 1991, UNICEF, in collaboration with the Government and UNDP, financed a study that proposed solutions for hygiene and sanitation in rural areas. A pilot project is under way in the regions of Mopti, Ségou and Koulikoro. In 1991 UNICEF financed a national survey on dracunculiasis (guinea worm) infection in 1991. A national programme for eradication of the infection is being developed and will commence in late 1992.

Basic education

50. Primary school enrolment rates in Mali are among the lowest in the world and have been dropping over the past decade. Literacy rates, particularly among women, are even lower but have been slowly on the rise. A recent national conference on education recommended expanding basic education, with a particular emphasis on the non-formal sector.

51. In order to stop the falling enrolment rates in primary schools, UNICEF has cooperated with the Government in the development of more appropriate curricula, notably in the field of health education. As part of this pilot project, a method of teaching by objective has been introduced. The project is now in operation in the three northern regions and is being extended to three other regions. The Government is expected to integrate the programme in the official curriculum as of the 1992-1993 school year.

52. A female literacy project in local languages, with a strong emphasis on post-literacy training, has been undertaken in the Sahelian zone in the north of the country. The project is being extended to three other regions. Functional literacy is being guaranteed through integration with area-based programmes supported by UNICEF and other agencies.

Household food security and nutrition

53. Household food security projects are being implemented in the drought-prone Sahelian zone, near Tombouctou, Bourem, Mopti and Ségou. The projects variously stress enhanced control over water resources for irrigation, improved productivity of traditional agriculture and establishment of grain banks at the community level. Community-based nutrition surveillance has been introduced, enabling the communities to monitor directly the nutritional status of children. A pilot project for combating iodine deficiency in the Ségou project area has led to a national programme, which is currently being implemented.

54. Area-based programmes also serve as focal points of PHC, water supply and sanitation and functional literacy projects. Recently, an environmental component has been introduced to promote reforestation. UNICEF will continue to support intersectoral integrated approaches to human development in order to stimulate the synergistic effects among different fields of action.

Social mobilization

55. Social mobilization is a crucial element in promoting goals and strategies for women and children. Child rights and, more generally, the objectives of the World Summit for Children are at the centre of social development policies of both the Government and UNICEF. Intense advocacy has brought about a marked change, as awareness of issues concerning children and women has become almost universal in Mali.

Monitoring the situation of women and children

56. In line with the development of the national programme of action for children for the 1990s, the need to monitor the situation of women and children has received new impetus. An interministerial commission has been set up to monitor the progress of programme goals.

Programme support

57. In view of the logistical requirements of a country the size of Mali, UNICEF will continue to give support for repair, maintenance and distribution in all parts of the country. The essential functions of the logistics base in Bamako have been re-established to the benefit of EPI, MCH and water projects. The progressive implementation of the structural adjustment programme will further limit Government capacity in logistics and distribution management, rendering this facility even more important.

V. MAURITANIA

58. The current country programme for Mauritania was approved by the Executive Board in 1988 for the period 1989-1993, with a total allocation of $2,405,000 from general resources (E/ICEF/1988/P.11). The annual planning level was increased to $750,000 in 1991 and to $1 million in January 1992. There is a need to request further general resources funding of $1,806,000 to cover the period 1992-1993 for needs anticipated and those unforeseen stemming from the conflict between Senegal and Mauritania.

59. Since the formulation of the current country programmme, which was based on the 1988 situation analysis, national capacity, budgets and overall quality of life - particularly of children and women - have not improved. The continuous deterioration of the economy, the conflict with Senegal and the lack of flow in foreign aid are some of the major causes of this stagnation, if not regression. The Mauritanian economy has suffered serious setbacks as a result of poor performance in the two chief industries (iron mining and fishing) and a sharp drought-induced reduction in cereal production. The structural adjustment programme has improved some economic indicators, e.g., a relative reduction of the budget deficit and a drop in the inflation rate. However, the balance-of-payment deficit has plunged further, doubling last year's level, and the overall budgetary deficit is estimated at 5 per cent of the gross domestic product. Moreover, the continued exodus from rural areas has exacerbated the problem of displaced urban populations, further deteriorating conditions in shanty towns.

60. The per capita GNP of $480 masks gross inequities. Some child survival and development indicators are particularly relevant in portraying the precarious and vulnerable condition of women and children in Mauritania, specifically among rural communities and indigent residents of shanty towns. IMR and U5MR are still very high (125 and 217 per 1,000 live births, respectively), and children are highly prone to infectious diseases (ARI, parasitic diseases, malnutrition and diarrhoea). Moderate malnutrition is estimated at 44 per cent, while in the emergency region of Tagant more than 50 per cent of the children suffer from severe malnutrition during the dry season. Only 20 per cent of the population has access to potable water and sanitation, and access to health facilities is limited to 50 per cent.

61. Despite some improvement, the literacy rate is still only 35 per cent. Women, who constitute more than 50 per cent of the population, encounter major problems: heavy workloads; high MMR (as high as 700 per 100,000 live births); anaemia; vitamin A deficiency in pregnant women; and low literacy rates.

62. Political and social tensions have eased following the democratization process of July 1991 and following negotiations between Senegal and Mauritania, held to compensate the victims of the conflict. The psychological and economic effect of the conflict, however, remain visible, particularly in displaced populations. The Government must deal with this situation while implementing the structural adjustment programme, which calls for cuts in public expenditure, specifically in the social sectors.

63. The 1988-1993 Government/UNICEF country programme will be reinforced throughout 1992 and 1993, emphasizing the elements listed below.

Primary health care

64. The health status of the Mauritanian population is characterized by a strong prevalence of preventable diseases and an inadequate preventive and curative health system. The main causes of infant deaths and morbidity include: ARI, malaria, measles and diarrhoeal diseases. Mortality in women of child-bearing-age is a key cause of death in the adult population; the high fertility rate (6.5 children per woman) has been identified as one of the main factors affecting MCH. A rapid increase in settlements has induced a demand for fixed services, putting stress on limited resources and bringing about a critical degradation in the quality of services.

65. The health and population programme, supported by the World Bank, the United Nations Population Fund, the German Agency for Technical Cooperation and UNICEF, will help strengthen PHC services as of 1992. UNICEF participation will ensure that the programme focuses on the Bamako Initiative strategy, identified as the most effective way to provide comprehensive, affordable and high quality health services through the establishment of a reliable PHC system. The aim is to integrate current "vertical" projects (EPI, CDD, ARI, malaria control and family planning) more fully. In line with the decentralization established by the government master plan for health (1991-1994), and based on the concept of the Bamako Initiative, interventions will emphasize strengthening community participation in the management of health units. This will be achieved through more effective organization, training and provision of adequate incentives to health committees and health workers.

Education

66. The enrolment of children in primary school has increased in recent years. However, the system is characterized by inefficiency, including overcrowded classes, high drop-out rates, high repeater rates (22 per cent) and substantial disparities between regions and between males and females. UNICEF will continue its collaboration with the World Bank education project in the areas of teacher training, procurement of educational materials and promotion of awareness activities through social mobilization. The ultimate aim of the assistance is to enable more children, girls in particular, to attend school. It also seeks to improve the relevance and quality of schooling, in the spirit of the goals of the World Conference on Education for All.

Nutrition

67. In the area of nutrition, emergency operations in the Tagant region will be strengthened through assistance to the most productive activities. Nutrition surveillance and growth monitoring will constitute an integral part of nutrition education activities. The programme for health and nutrition education, initiated in Nouakchott, will be extended to the Brakna and Kebba

regions. UNICEF assistance will complement that of other donors (the World Food Programme and the Governments of France and Germany).

Regional community development

68. During the first years of implementation, the programme concentrated on national capacity-building. Staff of the Ministry of Social Welfare were trained to enhance their performance in carrying out extension work benefiting the community. Over the coming years emphasis will be put on end-users. UNICEF assistance will ensure the provision of equipment and other relevant inputs in the areas of water supply and sanitation, income generation, health education, nutrition and literacy. The aim is to deliver appropriate basic services to communities to alleviate the impact of adjustment policies and to discourage rural exodus.

Children in especially difficult circumstances

69. The provision of basic services in the Kebbas (peri-urban shanty towns in Nouakchott and Rosso) - where about 39 per cent of Mauritania's total population resides - remains a priority issue. In collaboration with other donors (in the framework of the Joint Consultative Group on Policy and with bilateral cooperation), assistance will be provided in the form of equipment and training for the development of women's cooperative groups and advancement centres. A detailed study on children in especially difficult circumstances, on living conditions in the Kebbas and on the displaced population will help to develop appropriate strategies for future interventions.

Water supply and sanitation

70. Activities under this programme will continue in priority regions of the Brakna and Trarza and in the urban areas of Kebba. Water well construction and health education for water utilization activities will take place near 20 health facilities established with UNICEF assistance and in women's cooperative gardens. More attention will be paid to develop appropriate strategies for building national capacity in such areas as technical surveys for water resources research, borehole construction and planning and management of water supply and sanitation projects.

Social mobilization

71. The rapid pace of settlement and the poor access of the population to both newspapers and national television are the main constraints to be considered when establishing social mobilization and communication strategies. These will be addressed through the use of both modern and traditional communication channels. Rural radio, religious groups and women's groups will constitute the targets of outreach messages, including information on MCH, immunization, hygiene and sanitation and child protection. UNICEF will continue to provide assistance to the dissemination of Facts for Life messages in the local languages (Arabic, Pular, Soninke and Wolof). Support to cultural activities will be developed with the participation of local and Maghrebian artists.

Monitoring and evaluation

72. Priority will be given to the monitoring and evaluation of the social sectors undertaken by the Human Resources Division of the Ministry of Economic Planning. Indicators for the child development goals will be assessed and adapted in a national context. The situation analysis of women and children currently undertaken in preparation for the new country programme will serve as a basis for this work. Profiles of target project areas will be established as an important benchmark for decisions on priority areas and interventions.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved/ general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Cape Verde	1990-1994	1 500	8	750	750	1 508
Central African Republic	1989-1993	3 000	463	1 000	-	1 463
Guinea-Bissau	1989-1993	1 500	465	750	-	1 215
Mali	1989-1993	13 500	2 353	4 125	-	6 478
Mauritania	1989-1993	2 405	806	1 000	-	1 806
Total			4 095	7 625	750	12 470

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.